

# ST. VICTOR CHAPEL

## Parish Registration Form

TODAY'S DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

LAST NAME: \_\_\_\_\_ TITLE: (CIRCLE) MR & MRS / MR / MRS / MS / MISS

FIRST \_\_\_\_\_ MI \_\_\_\_\_ SPOUSE \_\_\_\_\_ MI \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ IF MARRIED, ARE YOU MARRIED IN THE CATHOLIC CHURCH? YES / NO

MAILING ADDRESS \_\_\_\_\_ CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ UNLISTED? \_\_\_\_ (Y) \_\_\_\_ (N)

HIS CELL PHONE ( ) \_\_\_\_\_ UNL? Y / N HER CELL PHONE ( ) \_\_\_\_\_ UNL? Y / N

HIS E-MAIL: \_\_\_\_\_ HER E-MAIL: \_\_\_\_\_

HEAD OF HOUSEHOLD:

NAME: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DOB BIRTHPLACE RELIGION LANGUAGES SPOKEN OCCUPATION

HAVE YOU RECEIVED THE FOLLOWING SACRAMENTS? (PLEASE CIRCLE YES OR NO)

BAPTISM - Y / N 1ST RECONCILIATION - Y / N 1ST COMMUNION - Y / N CONFIRMATION - Y / N

SPOUSE: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DOB BIRTHPLACE RELIGION LANGUAGES SPOKEN OCCUPATION

HAVE YOU RECEIVED THE FOLLOWING SACRAMENTS? (PLEASE CIRCLE YES OR NO)

BAPTISM - Y / N 1ST RECONCILIATION - Y / N 1ST COMMUNION - Y / N CONFIRMATION - Y / N

\_\_\_\_\_  
1ST CHILD -- FIRST NAME MIDDLE NAME LAST NAME:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DOB BIRTHPLACE RELIGION LANGUAGES SPOKEN GRADE

HAS S(HE) RECEIVED THE FOLLOWING SACRAMENTS? (PLEASE CIRCLE YES OR NO)

BAPTISM - Y / N 1ST RECONCILIATION - Y / N 1ST COMMUNION - Y / N CONFIRMATION - Y / N

\_\_\_\_\_  
2ND CHILD -- FIRST NAME MIDDLE NAME LAST NAME:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DOB BIRTHPLACE RELIGION LANGUAGES SPOKEN GRADE

HAS S(HE) RECEIVED THE FOLLOWING SACRAMENTS? (PLEASE CIRCLE YES OR NO)

BAPTISM - Y / N 1ST RECONCILIATION - Y / N 1ST COMMUNION - Y / N CONFIRMATION - Y / N

\_\_\_\_\_  
3RD CHILD -- FIRST NAME MIDDLE NAME LAST NAME:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DOB BIRTHPLACE RELIGION LANGUAGES SPOKEN GRADE

HAS S(HE) RECEIVED THE FOLLOWING SACRAMENTS? (PLEASE CHECK/CIRCLE YES OR NO)

BAPTISM - Y / N 1ST RECONCILIATION - Y / N 1ST COMMUNION - Y / N CONFIRMATION - Y / N

Please complete page 2. Thank you.

LAST REVISED: October 23, 2024; MYF

| Full Name of Others in Household | Date of Birth | Religion | Married | Baptized | 1 <sup>st</sup> Communion | Confirmation |
|----------------------------------|---------------|----------|---------|----------|---------------------------|--------------|
|                                  |               |          | Yes No  | Yes No   | Yes No                    | Yes No       |
|                                  |               |          | Yes No  | Yes No   | Yes No                    | Yes No       |
|                                  |               |          | Yes No  | Yes No   | Yes No                    | Yes No       |
|                                  |               |          | Yes No  | Yes No   | Yes No                    | Yes No       |

Would you like to receive Church envelopes? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you attended an ACTS retreat? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Where? \_\_\_\_\_

Which weekend Mass does your family typically attend? Please mark with a (✓)

\_\_\_\_\_ Saturday 7:00PM

\_\_\_\_\_ Sunday 9:45AM

Please indicate with a (✓) which Ministries you or members of your household would be interested in giving of your *Time or Talent*.

\_\_\_\_\_ Eucharistic Adoration

\_\_\_\_\_ Homebound Ministries

\_\_\_\_\_ Altar Society

\_\_\_\_\_ Knights of Columbus

\_\_\_\_\_ Altar Server

\_\_\_\_\_ Lector/Commentator

\_\_\_\_\_ Extraordinary Ministers of Holy Communion

\_\_\_\_\_ Music Ministry

\_\_\_\_\_ Prayer Blankets

\_\_\_\_\_ Faith Formation (Teacher/Sub)

\_\_\_\_\_ RCIA (Rite of Christian

\_\_\_\_\_ Greeter

Initiation of Adults)

\_\_\_\_\_ Guadalupanos Society

\_\_\_\_\_ St. Vincent De Paul Society

\_\_\_\_\_ His Holy Face Rosary Makers

\_\_\_\_\_ Youth Ministry

Please return the completed form to the parish office.

St. Stanislaus Catholic Church/St. Victor Chapel

P. O. Box 757

Bandera, TX 78003

830-460-4712

ststanis@sbcglobal.net